

217431

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009 - 2de - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Submitted by:

Michael D. Jewell

Address:

10 Piedmont Ave
Charleston, SC29403

(Please type or print)

Telephone:

843-343-7809

Fax:

888-637-4949

Other:

Email:

MickJewell@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED

JUN 29 2009

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE 6-19, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Shuttle Hogs, LLC

2. (a) Street Address of Applicant 10 Piedmont Ave

Charleston, South Carolina 29403

- (b) Mailing address, if different from street address _____

- (c) Telephone Number 843 343 7809 Fed ID # _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Michael D. Jewell 10 piedmont Ave Charleston S.C.
29403

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: June Year: 2009

Assets:	
Cash	2000.00
Receivables	0
Real Estate	0
Buildings and Equipment-Net	0
Motor Vehicles-Net	10,000.00
Garage Equipment-Net	0
Machinery and Tools-Net	0
Supplies on Hand	200.00
Prepays and Other Assets	0
Total Assets	12,200.00
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	0
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity	0

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Michael Jewell, Owner
(Name of Applicant's Representative) (Title)

of Shuttle Hogs, LLC, the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

This the 19 day of June 20 2009
[Signature]
(Notary Public)

(Signature of Applicant's Representative)

Commission Expires: 11, 2010

EXHIBIT C

CLASS C - TAXI _____

CHARTER X _____

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Shuttle Hugs, LLC _____

For the transportation of passengers as follows:

Area to be served: Charleston SC. _____

Number of passengers (Per Vehicle): 2-12 passengers _____

Fares: \$10 - 25 per trip _____

Date 6/9/09 _____

[Signature] _____
By Michael Jewell

Owner _____
Title

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Date: 6/29/09

SHuttle Hogs, LLC
(Applicant)
MICK JEWELL
(Applicant's Representative)
OWNER
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Shuttle Hogs, LLC
(Name of Motor Carrier)
10 Piedmont Ave Charleston SC 29403
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance

\$/4696

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers - 25,000/50,000/25,000
8 - 15 passengers 25,000/100,000/25,000

Atlantic Shield Insurance Group
(Insurance Company Name)

1127 Queensborough Blvd, 101 Mt Pleasant, SC
(Home Office Address of Company)

29464

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

6/29/09
Date

[Signature]
(Authorized Insurance Company Representative)

Rev 5/07

EXHIBIT FWA

Name: Michael & Jewell and Shuttle Hays, LLC.
Address: 10 Piedmont Ave Charleston, SC 29403
Telephone No. 843-343-7809 Fax No. 888 637 4949

U.S.D.O.T. No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No X Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No X

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No X
(If "yes", indicate nature of judgment(s).)

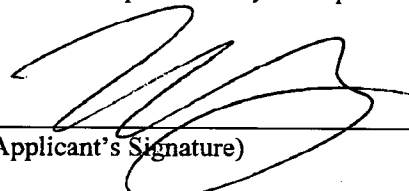
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


(Applicant's Signature)

Sworn to before me

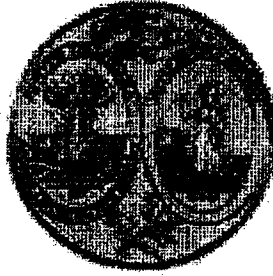
At _____

This 17 day of June, 2009


(Notary Public)

Commission Expires: My Commission Expires September 11, 2018

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

SHUTTLE HOGS, LLC., A Limited Liability Company duly organized under the laws of the State of South Carolina on June 15th, 2009, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 18th day of June,
2009

A handwritten signature of Mark Hammond in black ink, written over a horizontal line.

Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA
OFFICE OF REGULATORY STAFF
TRANSPORTATION DEPARTMENT

*** IMPORTANT CHANGES TO DECAL APPLICATION PROCESS ***

The Law requires that you secure licenses on or before July 1, 2009. will begin July 1, 2009.

Enforcement for the period July 1, 2009 through December 31, 2009

UNLESS YOU COMPLY WITH THE MOTOR CARRIER LAWS OF SOUTH CAROLINA AND THE RULES AND REGULATIONS ISSUED THEREUNDER BEFORE JULY 1, 2009, A RULE TO SHOW CAUSE ORDER WILL BE ISSUED AND COULD RESULT IN REVOCATION OF YOUR OPERATING CERTIFICATE.

Your correct name is on the enclosed forms to assist you in ordering your Last-Half Year 2009 License Decals. If you need additional forms, please copy the form with the correct name and remit for each vehicle. To determine your license fee(s), use the empty weight of your vehicle listed on the title or registration card.

Please destroy old decal(s) once you have secured the decal(s) for the new period.

IMPORTANT CHANGE: License decals may be purchased by submitting a business and/or personal check, money order, certified/cashier check or cash. All checks must be made payable to the Office of Regulatory Staff.

All completed applications and applicable fees should be mailed to:

State of South Carolina
Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201

If you need assistance in completing your license decal application, please contact the Transportation Department at (803) 737-0800.

Thank you for ordering your license decal(s) before June 15, 2009.

STATE OF SOUTH CAROLINA OFFICE OF REGULATORY STAFF
TRANSPORTATION DEPARTMENT
1401 MAIN STREET, SUITE 900
COLUMBIA, S.C. 29201
(803) 737-0800

APPLICATION FOR LICENSE DECAL

INSTRUCTIONS:

1. Motor Vehicle Carrier license fees are due and payable semiannually on or before January 1 and July 1 of each year. BUSINESS AND/OR PERSONAL CHECKS, CASH, MONEY ORDER, CERTIFIED, OR CASHIER'S CHECK MUST BE PAYABLE TO THE OFFICE OF REGULATORY STAFF.
2. All licenses issued for the first-half year will expire June 30; all licenses issued for last-half year will expire December 31.
3. Type or write plainly any changes or corrections. Fill this form out completely or it may delay decal processing.
4. Mail completed application and applicable fees to: SC Office of Regulatory Staff, 1401 Main Street, Suite 900, Columbia, SC 29201.
5. **NEW REQUIREMENT FOR CLASS C CHARTER MOTOR CARRIERS:** You are REQUIRED to complete the Owner of Vehicle Information. Applications received without the required information may be returned unprocessed.

CLASS C Shuttle

Application is hereby made to the Office of Regulatory Staff of South Carolina, Columbia, SC, for license for the motor vehicle described in the following for the period ending December 31, 2009

Certificate Holder: Shuttle Hogs, LLC
10 Piedmont Ave (Exact Name of Certificate Holder)

10 Piedmont Ave City, State and Zip Code Charleston S.C. 29403
Owner of Vehicle MICK JEWELL 10 Piedmont Ave Charleston S.C. 29403
Name as Listed on the Title or Registration City, State and Zip Code

VEHICLE IDENTIFICATION

Make of Vehicle Chevy Seating Capacity 12
Body Type VAN
VIN Number 1GAGG25V051220789 Empty Weight 5380
(Last 6 digits)
Year Model 2005 FEE \$ 25.00

*** IMPORTANT *** A current annual report and required insurance documents must be on file with the Office of Regulatory Staff before any decal(s) will be issued.

*** FARES OR CHARGES (List maximum rates only; mandatory to receive decal)

APPLICANT'S SIGNATURE: 

FORM LT-P (REV. 05/07)

MICHAEL DUNBAR JEWELL
10 NEDMONT AVE
CHARLESTON, SC 29403
743-720-5968

463
BT-148/532
BRANCH 848

6/29/09

DATE
\$ 25-

ORDER OF

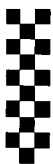
Office at the Regulatory
Five Dollars

DOLLARS

Security
Features
on
back

FIRST CITIZENS
FIDELITY & SECURITY BANK

[Signature]



Shuttle Hogs

10 Piedmont Ave, Charleston, SC 29403
(843) 343-7809
888-637-4949
www.ffsmortgages.com/mjewell
shuttle Hogs

To:	Docketing Dept.	From:	Mick Jewell
Fax:	(803) 896-5199	Date:	6/29/2009 3:41:01 PM
Phone:		Re:	

Comments

Thanks

Shuttle Hogs, llc.

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JUN 29 2009

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facsimile